

INCARNATION SCHOOL SPORTS PERMISSION SLIP

Student's Name: _____ Grade: _____
Home Address: _____ Home Phone No. _____

Please check the team that your child is trying out for:

_____ Boys'/Girls' "B" Basketball Team _____ Boys'/Girls' "B" Football Team
_____ Girls' "A" Softball Team _____ Boys'/Girls' "A" Basketball Team
_____ Boys'/Girls' "A" Volleyball Team _____ Girls' "B" Volleyball Team
_____ Youth Basketball Team (Grade 1-4) _____ Track & Field Team
_____ Golf "B" Team _____ Cheerleading "B" _____ Swimming

(Note: a \$30 for B sports and \$50 for A sports fee per student is required if on the team.)

The above team will be practicing at the following address(es): _____

The above team will be playing games at the following location(s): _____

The practices are scheduled for _____ at _____ p.m.
The games will be held on _____ at _____ p.m.

TRANSPORTATION IS NOT PROVIDED BY THE SCHOOL

Medical Release & Information

Medical Insurance Carrier: _____ Policy No. _____

Does this player have any disabilities, handicaps, present injuries or limitations, allergies, asthma, or any other medical condition that might affect his/her ability to play the sport listed above? _____ Yes

_____ No Explanation: _____

Is this player required to take any medication? _____ Yes _____ No

Type/Reason medication taken: _____

Family Doctor: _____ Doctor's Phone No. _____

Emergency Authorization: I, the undersigned parent or legal guardian of the named child (a minor), do hereby authorize the Coach(es) of named Player's team, or an Incarnation Faculty Member, as my Agents to consent medical, surgical or dental examination and/or treatment for said child. In the case of emergency, I hereby authorize treatment and/or care at any Hospital or Trauma Center. **I understand that my insurance benefits that are effective have limited application.**

Date: _____ Signature: _____

Waiver of Liability and Disclaimer: I request that my child be permitted to participate in the above athletic activity. I agree to instruct my child to cooperate and conform to directions and instructions of the coach(es) in charge at the time. I do hereby give my consent and agree to release and hold harmless Incarnation School, its officials, managers, coaches, board members and representatives from any and all claims arising out of injury to my child or conditions caused or aggravated by any medical care obtained or by my refusal to obtain available medical treatment for my child for any reason.

Date: _____ Signature: _____

*No student may attend/participate in any athletic activity without this signed parent permission form.
Permission may not be given over the telephone.*